

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	MULTI BEAM SCANNING WITH BRIGHT/DARK FIELD IMAGING																					
Application Number :																						
Date :																						
First Named Applicant:	Sylviu REINHORN																					
Attorney Docket Number:	6629C01\USA\PDC\ORBOT\OR																					
<b>TOTAL FEE AUTHORIZED \$ 1114</b>																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as large entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770										
Fee Description	Fee Code	Amount \$	Fee Paid \$																			
Utility Filing Fee	1001	770	770																			
Subtotal For Basic Filing Fees: \$ 770																						
EXTRA CLAIM FEES																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 15</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 7</td><td>4</td><td>1201</td><td>86</td><td>344</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 344</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 15	0	1202	18	0	Independent Claims : 7	4	1201	86	344	Subtotal For Extra Claims Fees: \$ 344			
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																		
Total Claims : 15	0	1202	18	0																		
Independent Claims : 7	4	1201	86	344																		
Subtotal For Extra Claims Fees: \$ 344																						
<b>AUTHORIZED BILLING INFORMATION</b>																						
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																						
Deposit account number:	194880																					
Access Code	*****																					
Deposit name:	SUGHRUE MION, PLLC																					
Deposit authorized name:	KELLY G. HYNDMAN																					
Signature:	KGH20040714																					
Date (YYYYMMDD):	2004-07-14																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																						